2004 – 2005

Saskatchewan
Provincial Budget

Performance Plan

Minister's Message

The Saskatchewan Health 2004-05 Performance Plan demonstrates our continued commitment to quality and sustainability in Saskatchewan's health care system. This year's plan continues to build on the foundation that was created when *Healthy People. A Healthy Province. The Action Plan for Saskatchewan Health Care* was introduced in December 2001.

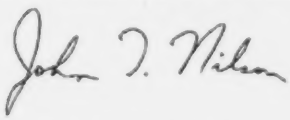
Our performance plan details, in specific terms, the goals and actions to be taken by the Department to safeguard our system of publicly administered and publicly funded health care. It recognizes that we must approach today's health care challenges with new thinking and innovative approaches.

The pressures on health care resources have never been more intense. The short list includes increasing compensation costs, new technologies, new drugs, concerns about wait times for surgical and diagnostic procedures, increased competition between jurisdictions for valued health care professionals and, new public health risks like severe acute respiratory syndrome (SARS) and West Nile Virus. While the list grows, so too does the proportion of the provincial budget dedicated to health care. Today over 40 per cent of the provincial program budget is devoted to health care. Our challenge is to address these increasing demands by promoting quality care while limiting the rate of cost growth. This will mean that the health care system will continue to evolve through managed change, in terms of where and how services are provided.

We will meet this challenge by continuing to improve our system of surgical management and broaden that by introducing a strategy to better manage diagnostic access. We will continue to focus on improving quality and accountability on the part of everyone who participates in the management and delivery of care. We will also make sure resources are available to safeguard public health and help people make healthy choices in life.

We must always move forward, anticipating the needs of Saskatchewan people well into the future. We must also make sure that quality care is available to those who need it now. This year's performance plan represents another positive step toward securing our valued health care system today and for the future. I am committed to completing the actions included in the 2004-05 plan, and will report back on actual progress in July 2005.

It provides me great pleasure to present our plan for 2004-05.



John T. Nilson, Q. C.
Minister of Health

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Who We Are

Saskatchewan Health is committed to quality, accountability and continuous improvement in the delivery of publicly funded and administered health care. In recent years, Saskatchewan was one of the first provinces to recognize the need to change the way health care was managed and delivered so that we could be sure our health care system could provide quality care long into the future. We led the country in anticipating and directing health care renewal, and in many respects we continue to lead today. That leadership role informs everything we do at Saskatchewan Health.

The Action Plan for Saskatchewan Health Care provides long-term direction to sustain our publicly-funded health care system into the future. It will continue to guide our decisions and investments in the health system in the years ahead. It will also help us to navigate the myriad of issues that we have identified in our trends and issues summary.

Our Action Plan provides a clear view of where we are heading and how we intend to get there. It sets out our four goals for continuous improvement and our commitment to health care quality for the people of Saskatchewan. Those goals are:

1. Provide better access to health services, including primary, hospital and emergency care
2. Increase effectiveness to support good health and prevent illness
3. Improve health workplaces and address shortages of key health providers
4. Place a greater emphasis on quality, efficiency and accountability in order to ensure the long-term sustainability of our Medicare system

In 2004-05 the Saskatchewan Government will invest almost $2.7 billion dollars in health care. The following partial list provides a quick snapshot of the types of services and care that our health system, on average, provides each day*:

- 12,578 visits to family physicians
- 5,016 units of home-care services
- 2,558 visits to specialists
- 2,192 days of in-patient hospital care
- 822 immunizations

* *Estimate – based on data from Saskatchewan Health's 2002-03 Annual Report and "Did You Know: Saskatchewan Health Fact Sheets"*

- 197 CT scans
- 96 mammograms
- 34 MRIs

Funding to health regions accounts for an estimated two-thirds of the Department of Health's budget. The planning and accountability relationship with regional health authorities continues to be strengthened through legislation, interdependent planning forums and with the development and refinement of a comprehensive Accountability Document setting clear expectations and performance measures for all regional health authorities.

Saskatchewan Health is also accountable for other direct investments in our health care system. Every year, the Department manages millions of health care transactions including health registrations, payments to health care practitioners, and prescription drug benefit payments. The Provincial Laboratory performs clinical tests and water quality tests to address the increasing complexity of public health, environmental and clinical issues present today.

In Canada, both the federal and provincial governments play a major role in the provision of health care. The federal government provides funding to support health, education and social services through the Canada Health and Social Transfer (CHST). It also provides health services to certain members of the population (e.g., veterans, military personnel and First Nations on reserve) and maintains safety for food and drugs in Canada. Provincial governments have responsibility for most other aspects of health care delivery.

Saskatchewan Health sets policy and standards for health services, and administers the Province's estimated annual health budget of almost $2.7 billion. The 2004-05 Performance Plan provides a clear view of how we intend to continue this work towards a sustainable, accountable health care system for the people of Saskatchewan.

Plan at a Glance

The 2004-05 Performance Plan continues the strategic direction set out in *Healthy People. A Healthy Province. The Action Plan for Saskatchewan Health Care*, and builds on the achievements of our 2003-04 Performance Plan. For 2004-05, our performance plan identifies more key actions to work towards meeting our goals and objectives.

Along with our goals and objectives, we have provided key actions and performance measures for the 2004-05 fiscal year. We will continue to hold ourselves accountable for completing these actions and for reaching our objectives. In future years, we will continue to refine and improve the way we measure our activities. This will result in some measures being changed, new measures being added and some measures being dropped.

The 2004-05 Performance Plan reaffirms the Government's commitment to take a strong leadership role in making necessary changes. Our top priority continues to be improving the quality of services and access to care, while ensuring the health system is sustainable into the future. Our vision remains unchanged:

"Building a province of healthy people and healthy communities."

To achieve this ideal, Saskatchewan Health has in the 2004-05 Performance Plan set out the following long-term goals, objectives and performance measures.

GOAL #1

Improved access to quality health services

OBJECTIVE 1 - *Responsive, co-ordinated primary health care*

Performance Measures:

- Percentage of people with access to primary health care networks
- Hospitalization rate for ambulatory care sensitive conditions

OBJECTIVE 2 - *Reduce waiting times for surgical procedures*

Performance Measure:

- Wait times for surgical specialties

OBJECTIVE 3 - *Improve emergency medical care*

Performance Measure:

- Percentage of all ambulance calls responded to where at least one of the emergency medical service providers has at least emergency medical technician (EMT) basic level training

OBJECTIVE 4 - *Improved hospital, specialized services and long-term care*

Performance Measures:

- Percentage of the adult population who rate himself or herself as either very satisfied or somewhat satisfied with the quality of care
- Number of communities with Saskatchewan telehealth networks; number of telehealth sessions, types and participants

GOAL #2

Effective health promotion and disease prevention

OBJECTIVE 1 - *Better promotion of health and disease prevention*

Performance Measures:

- Incidence rate of Chlamydia (rate of new cases per 100,000 population)
- Prevalence of diabetes (type 1 & 2) expressed as a number per 1,000 individuals
- Percentage of daily smokers between the ages of 12-19 years
- Vaccine coverage rates for 2 year old cohort

OBJECTIVE 2 - *Improve the health of northern and Aboriginal communities*

Performance Measure:

- Potential Years of Life Lost (PYLL), per 100,000 population

GOAL #3

Retain, recruit and train health providers

OBJECTIVE 1 - *Improve utilization and availability of health human resources*

Performance Measure:

- Percentage of population aged 12 and over who have consulted with health professionals in the past 12 months

OBJECTIVE 2 - *Develop representative work places*

Performance Measures:

- Proportion of regional health authorities that have developed an Aboriginal Awareness Training Program
- Self-declared Aboriginal employees as a per cent of all regional health authority employees

OBJECTIVE 3 - *Create healthier more effective work places*

Performance Measures:

- The average number of days absent from the workplace, for which illness or injury is reported as the reason for absence
- Turnover rate

GOAL #4

A sustainable, efficient, accountable and quality health system

OBJECTIVE 1 - *Ensure quality, effective health care*

Performance Measures:

- Number of competitive research grants awarded by the Canadian Institutes of Health Research (CIHR) to faculty at the University of Saskatchewan
- Number of clients who reported a concern to a Quality of Care Co-ordinator
- Percentage of concerns received by Quality of Care Co-ordinators that are resolved within 30 days

OBJECTIVE 2 - *Appropriate governance, accountability and management for the health sector*

Performance Measure:

- Percentage of regional health authority operational plans meeting standards

OBJECTIVE 3 - *Sustain publicly funded and publicly administered Medicare*

Performance Measure:

- Public sector health expenditure as a proportion of total health expenditure

A ROLE FOR REGIONAL HEALTH AUTHORITIES

Saskatchewan Health has many important partners that will help us achieve the goals and objectives throughout this plan. Significant among these are the Province's regional health authorities, which are integral to the delivery of a range of health services in the Province. Regional health authorities are local authorities, yet they are closely tied to Saskatchewan Health through a number of mechanisms, including:

- The *Regional Health Services Act*, which establishes the regional health authorities and sets the framework for the relationship between the Minister and each regional health authority.
- Regular *interdependent planning forums* including a Minister's Forum with regional health authority and Saskatchewan Cancer Agency board chairs; and a Leadership Council with the Deputy Minister of Health and Chief Executive Officers of each regional health authority and the Saskatchewan Cancer Agency.
- *Operational planning and budget development* that is closely linked to Saskatchewan Health's planning and budget development.
- *Accountability Document* – this document is the key method by which service and program expectations and outcomes related to funding levels are provided to regional health authorities. The document sets expectations in a range of areas including:
  - ~ general accountability principles and processes
  - ~ an overall funding summary based on specific funding pools
  - ~ general health status and outcome indicators
  - ~ organizational effectiveness expectations and indicators
  - ~ program specific expectations and indicators linked to specific funding pools
  - ~ reporting requirements
  - ~ regional specific expectations linked to operational plan initiatives

Steps are also being taken to improve reporting by regional health authorities, both to Saskatchewan Health and to the public. Regional health authorities will be tabling Annual Reports in the Legislative Assembly at the same time as government institutions. Those reports will be linked to the Accountability Document, which in turn is linked to this Performance Plan.

2004-05 Financial Overview

2004-05 ESTIMATES	*(in thousands of dollars)*
Administration	$ 6,209
Accommodation and Central Services	5,136
Regional Health Services	1,816,022
Provincial Health Services	113,098
Medical Services and Medical Education Programs	519,342
Drug Plan and Extended Benefits	219,680
Early Childhood Development	7,608
Total Appropriation	$2,687,095
Capital Acquisitions	(275)
Amortization	596
Total Expense	$2,687,416
FTE Staff Complement	556.8

Approximately 90 per cent of the 2004-05 Budget will be provided to third parties (e.g., regional health authorities and physicians) to provide health care services for the residents of Saskatchewan. The majority of the remaining budget will be transferred for drug plan and extended benefit program coverage.

Trends and Issues

Saskatchewan Health continues to address the challenges of building a renewed publicly administered health care system that can provide access to quality services today and into the future. There are a number of ongoing pressures that need to be factored into our strategic planning for future health care delivery. These are:

SUSTAINABILITY

Similar to other provinces, we face a number of challenges that must be considered as we continue to manage our health system and plan for the future. The financial sustainability of the health system is increasingly challenging. In the 2003-04 Budget, health expenditures comprised approximately 42 per cent of government program expenditures. The 2004-05 Saskatchewan Health budget is almost $2.7 billion, allocated as follows:

- over 70 per cent is directed toward the salary, benefits and physician payments for Saskatchewan doctors, nurses and other health care providers
- approximately 17 per cent is allocated to regional health authorities to support all other operating costs including medical supplies and drugs, non-medical supplies, utilities and maintenance costs as well as facility construction
- approximately eight per cent is allocated to the provincial drug and extended benefits program
- the remaining five per cent funds other provincial operating costs such as out-of-province charges and provincial health services including the Canadian Blood Services, Provincial Laboratory and health research

HEALTH CARE PROVIDERS

Saskatchewan continues to face many health human resource challenges including retention and recruitment of health professionals. As a result of the changing demographics of the Canadian workforce and competition from different sectors for a smaller labour pool, there is a concern, shared by both government and the general public, about the scarcity in health human resources. We must continue to improve the efficient and appropriate use of health professionals to maximize our utilization of all levels of skill and training.

ACCESS TO SERVICES

Saskatchewan Health continues to seek innovative solutions to enhance access to needed health care services such as the creation of the Saskatchewan Surgical Care Network (SSCN), as well as a strategy for managing diagnostic imaging services. The Surgical Registry will provide consistent systems to classify surgeries across the Province. Once this consistent categorization is applied, it will be possible to more efficiently allocate the use of operating room time and schedule surgeries.

PROMOTING GOOD HEALTH

We know that many factors will determine the status of our health. These include a clean environment, a good job, social supports and adequate housing. Saskatchewan Health recognizes the benefits of placing more emphasis on addressing these determinants, rather than only treating the results of poor health. However, these factors are often viewed as competing priorities. The challenge is to balance the more pressing needs of the health sector with the longer-term strategies to encourage a healthier population. Some of these challenges include health promotion strategies tailored to fighting obesity and its effect on heart disease, the rising incidence of diabetes, or meeting the unique needs of our northern and Aboriginal populations. Our continued implementation of a Provincial Population Health Promotion Strategy will support promotion of overall good health.

NEW TECHNOLOGY AND DRUG PLAN

New and innovative forms of technology include advancements in new procedures, new diagnostic and treatment equipment and improved communication technology (e.g., telehealth) and increasingly, such technology is transforming the ability to diagnose and treat illness. The dissemination and rate of use of emerging, very high cost, publicly funded technologies and treatments including pharmaceuticals are likely to increase dramatically. Funding these costly investments and assessing them in terms of efficiency, impact on quality of care and social and ethical acceptability will be a key challenge.

CHANGING DEMOGRAPHICS

Our changing demographics must be considered when developing strategic directions. We have a growing population of elderly people. People are living longer because they are healthier, but they also tend to draw more heavily on healthcare services. Saskatchewan also has a dispersed population that includes significant and expanding First Nations communities. These demographic shifts provide ongoing resource challenges that need to be addressed as we plan and deliver health services.

Changes from 2003-04 Performance Plan

The goals and objectives included in the Department's 2004-05 Performance Plan remain unchanged from those published last year.

The following performance measures that were published last year are not included in this year's plan:

- Proportion of regional health authorities that have signed representative workforce agreements
- Proportion of regional health authority staff participating in Aboriginal Awareness training

These two performance measures have been combined into a new performance measure.

The Department is working with regional health authorities to develop additional performance measures.

New performance measures in this year's plan include:

- Hospitalization rate for ambulatory care sensitive conditions
- Vaccine coverage rates for 2 year old cohort
- Proportion of regional health authorities that have developed an Aboriginal Awareness Training Program

Goals, Objectives, Actions and Measures

This section of the report outlines the details of our performance plan for 2004-05 and beyond, including the actions we plan to undertake over the next year for each objective and some performance measures to assist in tracking progress towards each objective.

OUR VISION

Building a province of healthy people and healthy communities.

GOAL #1

Improved access to quality health services

OBJECTIVE 1 - *Responsive, co-ordinated primary health care*

Primary health care services are generally the first point of contact for the public. This contact provides the basis to address the main health needs of individuals and communities. It is essential that these services be organized to ensure the most appropriate care, by the most appropriate providers in the most appropriate settings. Objective one is to develop primary health care networks throughout the Province, offering a full range of everyday health services.

Key Actions for 2004-05

- Continue development and definition of primary care networks and core services.
- Continue development of standards for primary health care networks in area of access and program requirements.
- Enhance regional health authority capacity to develop and support primary health care teams including facilitating interdisciplinary team building within regional health authorities.
- Finalize primary health care evaluation framework.
- Implement provincial diabetes plan including monitoring and evaluating delivery of diabetes team based services and implementation of regional health authority diabetes plans.
- Begin development of information technology solutions to support the delivery of co-ordinated primary health care team services.
- Continue working with the Saskatchewan Medical Association (SMA) to develop a formal negotiation process for non fee-for-service physicians and model contracts for family physicians.
- Undertake communications campaign, including television, radio and print advertising, as required to achieve sustainable call volume for *HealthLine*.

What are we measuring?	Where are we starting from?
Percentage of people with access to Primary Health Care networks (medium-term measure)	Under development

The percentage of Saskatchewan people with access to a primary health care team is a good measure of a patient's access based on proximity.

What are we measuring?	Where are we starting from?
Hospitalization rate for ambulatory care sensitive conditions	590 cases per 100,000 population *(2000, latest data available)*

Long-term health conditions such as diabetes, asthma, alcohol/drug dependence and abuse, and emotional disorders such as neuroses, and depression, can often be managed with timely and effective treatment in the community, without hospitalization, via effective preventive and primary care that is community based in origin.

OBJECTIVE 2 - *Reduce waiting times for surgical procedures*

Waiting times for some surgical procedures are a concern for Saskatchewan people. Saskatchewan Health will lead several initiatives designed to improve the management of wait times.

Key Actions for 2004-05

- Complete implementation of the surgical waitlist registry.
- Further integrate and modify the waitlist registry information system with the regional health authorities and government information systems.
- Set target time frames for surgical specialities based on priority level.
- Continue ongoing maintenance and revision of the surgical website (www.sasksurgery.ca) which provides the public with a better understanding of how the surgical care system works, options when waiting for surgery, and information on where to call with questions.
- Review regional operating room information management system requirements.

What are we measuring?	Where are we starting from?
Wait times for surgical specialities	Implementation will begin in 2004-05

The Department has consulted with the Saskatchewan Surgical Care Network and Saskatchewan surgeons to establish target time frames for six urgency levels that will be applied to all surgical procedures. The new Surgical Registry will include the urgency levels for each case against which performance can be measured. Some regional hospitals are already providing waitlist data to the Registry. Work to enable the transfer of data from Saskatoon and Regina to the Registry is underway.

OBJECTIVE 3 *- Improve emergency medical care*

Saskatchewan people depend on quality emergency medical services (quick response time from well trained health providers). Over time, we will introduce regulation of ambulance fees to ensure greater fairness for all Saskatchewan people.

Key Actions for 2004-05

- Continue training Emergency Medical Service Responders (EMRs) up to Emergency Medical Technician (EMT) – basic level.
- Work with regional health authorities to implement performance-based contracts between regional health authorities and wide-area dispatch centres.

What are we measuring?	Where are we starting from?
Percentage of all ambulance calls responded to where at least one of the emergency medical service providers has at least EMT-basic level training.	98.7% *[2002-03, latest data available]*

This measure is a reflection of the level of care that is provided by the emergency medical service provider (medium-term measure). EMT is the international standard for the basic level of service to be provided by an ambulance service.

***OBJECTIVE 4** - Improved hospital, specialized services and long-term care*

Saskatchewan people depend on quality hospital and long-term care services. To strengthen our hospitals for the future, we will further develop program standards within each category of facility to promote optimal patient care across the hospital network. We will also provide more options for seniors and people with disabilities who want to remain independent in the community.

Key Actions for 2004-05

- Develop province-wide protocols for access to specialized medical imaging and diagnostic services (e.g., MRI, CT, and nuclear medicine).
- Maintain funding levels for medical capital equipment.
- Continue regulations and standards development under *The Regional Health Services Act* regarding hospital classification system and facility designation framework.
- Monitor telehealth use and assess future priorities for telehealth service and/or new sites.

What are we measuring?

Patient satisfaction

Where are we starting from?

Overall health services: 85.3%
Services received in a hospital: 82.9%
Services received from a physician: 92.6%
Community health services: 90.3%
[2000-01; latest data available]

Percentage of the adult population who rate themselves as either very satisfied or somewhat satisfied with the quality of care for:

(a) Overall health services received

(b) Services received in a hospital

(c) Services received from a family doctor or other physicians

(d) Community-based services received

Although patient satisfaction has always been an important measure of the quality of health services provided to policy makers, practitioners and the public, it is only recently that a tool has been developed to measure it.

What are we measuring?	Where are we starting from?
Expand telehealth	
(a) Number of communities with Saskatchewan telehealth networks (short-term measure)	(a) Communities with telehealth networks: 16 *[2003-04, latest data available]*
(b) Number of telehealth sessions, types and participants (short-term measure)	(b) Telehealth sessions Educational: 265 sessions, with 2,338 people attending Clinical: 166 sessions, with 237 patients seen *[2002-03, latest data available]*

The Telehealth network is a tool for providing clinical and educational programs for all health professionals and the general public. It also allows physicians and patients in rural and remote areas to have access to specialists in larger centres without having to travel.

GOAL #2

Effective health promotion and disease prevention

OBJECTIVE 1 - *Better promotion of health and disease prevention*

The most important influences on the health of people are factors such as income, education, diet, lifestyle (e.g., smoking), housing, environment and support from family and friends. We will continue to support a variety of health promotion initiatives that improve the quality of life for Saskatchewan people. For example, an inter-sectoral primary prevention approach to diabetes will address factors that contribute to the development of diabetes such as access to healthy food choices, and physical activity opportunities.

Key Actions for 2004-05

- The provincial response to the West Nile Virus will include public education, surveillance to track the disease in birds, mosquitoes, and people, and mosquito control programs. Assistance will also be provided to municipalities.
- Continue improvement of measurement and reporting on provincial and regional health status, including indicator development in support of the February 2003 First Ministers' Health Accord and regional health authority accountability.
- Continue implementation of the Provincial Population Health Promotion Strategy including working with regional health authorities to implement population health promotion initiatives, taking into consideration provincial priorities and local needs.
- Continue amendments to public health regulations in support of environmental health initiatives.

- Support inter-sectoral policy initiatives, for example:
  - ~ Youth Services Model
  - ~ Saskatchewan's Disability Strategy
  - ~ School[Plus]
- Support *KidsFirst* initiatives as outlined in the 2004-05 *KidsFirst* Strategy.
- Continue to participate in activities outlined in the 2004-05 Safe Drinking Water Strategy.

What are we measuring?

Incidence rate of Chlamydia (rate of new cases per 100,000 population)

Where are we starting from?

Rate of 258.4 per 100,000 population
[1999; latest data available]

This is a common Sexually Transmitted Infection (STI) that may result in female infertility and entopic pregnancy. The higher incidence rates relative to other STIs are a more sensitive indicator of change in risk behaviours and reflect the effectiveness of primary and secondary prevention. Measuring incidence rates of genital chlamydia serves as a proxy measure for the effectiveness of programs and services targeted towards reducing high-risk behaviour associated with all STIs.

What are we measuring?

Diabetes prevalence rate (long-term measure)

Saskatchewan prevalence of diabetes (type 1 & 2) expressed as a number per 1,000 individuals

Where are we starting from?

Prevalence rates – existing cases per 1,000 population: 40.2
[2000-01; latest data available]

Type 2 diabetes affects about 90 per cent of the diabetic population. It often appears after age 40 especially in high-risk populations and tends to be associated with inadequate nutrition, lack of exercise and obesity. Adequate public education about prevention strategies can delay or prevent type 2 diabetes. The National Diabetes Surveillance System (NDSS) methodology has been used to measure changes in the incidence and prevalence of diabetes because its definitions are accepted nationally and applied in other provinces.

What are we measuring?	Where are we starting from?
Percentage of daily smokers between the ages of 12-19 years in Saskatchewan (long-term measure)	Percentage of daily smokers between the ages of 12-19 years: 20.5% *[2000-01; latest data available]*

Tobacco use is the leading cause of preventable illness and death in Canada. Because of the addictive nature of nicotine, it is necessary to develop prevention and promotion strategies that deter youth from beginning to smoke.

What are we measuring?	Where are we starting from?
Vaccine coverage rates for 2 year old cohort	Under development

Immunization coverage rates are a sensitive indicator of a health system's capacity to deliver essential services and are useful in monitoring the health of a population. Coverage rates provide timely evidence of improvement or deterioration of current immunization programs. The Saskatchewan Immunization Management System (SIMS) is in the final stages of developing and validating the coverage rate report for the 2 year old cohort. The goal is to be in a position to produce this indicator by health region in 2004-05.

***OBJECTIVE 2** - Improve the health of northern and Aboriginal communities*

Northern and Aboriginal communities have their own issues and concerns when it comes to health care. They also have a unique perspective on how to bring better health care to their people. Saskatchewan Health will participate in or lead a number of initiatives designed to support northern and Aboriginal communities in their efforts to address health issues.

Key Actions for 2004-05

- The Province and Health Canada will develop a more comprehensive Memorandum of Understanding (MOU), confirming commitment and participation in creating and implementing a Northern Health Strategy.
- Work closely with northern regional health authorities to co-ordinate actions and requirements with the Northern Health Strategy.
- Collaborate with Health Canada and the Athabasca Health Authority (AHA) in development of service agreements, accountability and reporting requirements that meet the requirements of both funding agencies and enable AHA to develop as a multi-jurisdictional health service delivery agent.
- Support the northern hospitals including beginning construction on the hospital in Ile-a-la-Crosse.
- Support construction of Fort Qu'Appelle Indian Hospital.

What are we measuring?

Potential Years of Life Lost (PYLL) per 100,000 population for Saskatchewan Registered Indian People*

* *Note: Registered Indian is a person registered under Section 6 of the Indian Act and who has been assigned a digit number in the Indian Registry.*

Where are we starting from?

Registered Indian Population: 11,382.40 per 100,000 population
Remainder of Population: 5,117.85 per 100,000 population
[2002; latest data available]

Potential Years of Life Lost (PYLL) is the number of years of life 'lost' when a person dies 'prematurely' from any cause – defined as dying before age 75. A person dying at age 25, for example, has lost 50 years of life. This measure focuses on deaths among the non-elderly and reflects success in preventing or postponing premature death. This premature loss of life has social and economic consequences and is an overall indicator of the effectiveness of preventive programs, as well as health and well-being of the population.

GOAL #3

Retain, recruit, and train health providers

***OBJECTIVE 1** - Improve utilization and availability of health human resources*

Saskatchewan's health care system faces challenges attracting and keeping skilled health professionals. We are not alone; every other province and country faces similar challenges. Saskatchewan's effort to deal with this issue is multi-faceted. We believe a combination of actions will be the solution: the formation of primary health care teams, training more health care providers, supporting health professionals to make full use of their skills and training, offering competitive wages and incentives, continuing education and professional development.

Key Actions for 2004-05

- Implement province-wide health human resource planning including working with regional health authorities on key expectations in the regional health authority Accountability Documents, further development of health human resource planning indicators, and further development of forecasting models.
- Increase training opportunities for select health professions, for example by working with partners on assessing training needs of select health professionals, developing clinical placement models/arrangements to meet priority needs and supporting increased collaboration between regional health authorities and provincial training institutions.
- Enhance Provincial Bursary Program including assessing appropriate allocation of bursaries, development of a province-wide bursary database, tracking system and application system to assist with bursary management.
- Continue to expand the registered nurse/registered psychiatric nursing education program and the practical nursing program.
- Support the management and implementation of existing/new programs to enhance physician recruitment and retention in the Province.

What are we measuring?

Percentage of population aged 12 and over who have consulted with health professionals in the past 12 months

Where are we starting from?

	Both Sexes	Male	Female
MD/Paediatrician	82.6	78.0	87.2
Mental Health Professional	7.6	4.4	10.6
Dental Professional	50.5	47.8	53.1
Alternative Health Care Provider	13.9	9.9	17.8

[2000-01; latest data available]

This measure will help us determine utilization trends amongst different health professions.

Exclusions:

- persons living on First Nations Reserves and on Crown lands
- residents of institutions
- full-time members of Canadian Armed Forces
- residents of certain remote regions
- persons 12 years and younger

***OBJECTIVE 2** - Develop representative work places*

Saskatchewan Health recognizes the value of a health system that meets the needs of a diverse population. Initiatives are planned to encourage a health workforce that is representative of the people it serves.

Key Actions for 2004-05

- Continue to build opportunities for full participation by Aboriginal peoples through awareness training in the work place.
- Increase Aboriginal participation in the health workforce by the application of representative workforce agreements in regional health authorities.
- Continue initiatives for Aboriginal youth in the health sector (e.g., northern summer student program).

What are we measuring?	Where are we starting from?
Proportion of regional health authorities that have developed an Aboriginal Awareness Training Program (medium-term measure)	Agreements are being developed for all 12 regional health authorities

The Government of Saskatchewan introduced the Aboriginal Employment Development Program in 1995 to increase Aboriginal employability and employment across the public and private sectors in Saskatchewan. The program uses formal partnership agreements that commit employers in principle to the development of three key areas: employment, education and economic development.

What are we measuring?	Where are we starting from?
The number of self-declared Aboriginal employees expressed as a proportion of the total number of all employees in a region.	Under development

Demographic data indicates that Saskatchewan has one of the fastest growing Aboriginal populations in Canada. With growing emphasis on ensuring the labour force reflects the population diversity, employers are seeking Aboriginal candidates to meet their workforce needs.

OBJECTIVE 3 - *Create healthier more effective work places*

Supporting, attracting and keeping skilled health professionals is a significant challenge for Saskatchewan's health care system. Initiatives are planned to create more satisfying work environments.

Key Actions for 2004-05

- Work with regional health authorities to implement a new quality workplace framework including developing tools and supports to further quality workplace initiatives (e.g., survey tools, training supports, evaluation tools).
- Work with regional health authorities to develop and implement system(s) of workload measurement, as well as attendance management/monitoring system(s).

What are we measuring?

The average number of days absent from the workplace, for which illness or injury is reported as the reason for absence, within a given period of time.

Where are we starting from?

Under development

Absence as a result of illness or injury (sick leave) constitutes a significant proportion of total absence from the workplace. Sick leave is a well-established indicator of quality of the workplace, staff morale and job satisfaction. Literature has shown consistently that as morale improves, rates of absenteeism decline.

What are we measuring?

Turnover rate

Where are we starting from?

Under development

Turnover rates are also a good indicator of quality of the workplace, staff morale and job satisfaction. The Department will be looking at two types of turnover within regional health authorities:

- individuals moving within the system
- individuals leaving the system completely

GOAL #4

A sustainable, efficient, accountable quality health system

***OBJECTIVE 1** - Ensure quality, effective health care*

To provide health services that Saskatchewan people truly need means ensuring quality is considered in all of our actions. Equally important is the need to provide the necessary support to good decision making by health professionals.

Key Actions for 2004-05

- Continue an efficient working relationship between the Health Quality Council and Saskatchewan Health ensuring that the Council's work is integrated with the activities/priorities of the Department and the health system at large.
- Continue progress on specific initiatives to improve health information systems to give health care providers and administrators the information they need to better co-ordinate and improve patient care. For example, develop systems to collect more complete prescription drug information, and to support health care providers during the prescribing and dispensing of drugs.

- Continue to work with other jurisdictions to build a national common drug review process.
- Release a provincial health research strategy and support the Saskatchewan Health Research Foundation and other organizations in implementing the strategy.
- Develop a policy framework for genetic testing.
- Work with the Saskatchewan Academic Health Sciences Network on the future role and direction of health colleges.

What are we measuring?

Number of competitive research grants awarded by the Canadian Institutes of Health Research (CIHR) to faculty at the University of Saskatchewan based on the number pursued as a percentage of the total number of applications (short-term measure)

Where are we starting from?

The following number of CIHR operating grants (includes the March and September CIHR award granting period in each year) were awarded to University of Saskatchewan based researchers:
Number Submitted: 66
Number Successful: 13 (20%)
[2002, latest data available]

The data source used to collect CIHR Operating Grant success rates has been refined. The University of Saskatchewan – Office of Research Co-ordination, collects information. As data become available, we will expand this measure to include the University of Regina.

What are we measuring?

Number of clients who reported a concern to a Quality of Care Co-ordinator (QCC)

Where are we starting from?

Number of clients who reported a concern: 1,684
[2002-03; latest data available]

Regional health authorities are required to report a standardized summary of their client concern information (with any identifying and case specific information removed) to the Department annually. As a performance indicator, the QCC information is one method of tracking the type and volume of health care concerns across the Province. As Saskatchewan Health and regional health authorities continue to promote the role of the QCC it is anticipated that the number of contacts may increase. This may not reflect the total number of concerns in the system, however, as clients and their family or friends may not be aware that a formal mechanism exists to record and respond to their issues.

What are we measuring?

Percentage of concerns received by Quality of Care Co-ordinators (QCC) that are resolved within 30 days

Where are we starting from?

Percentage of concerns resolved within 30 days: 82%
[2002-03; latest data available]

In addition to tracking the volume and nature of concerns, QCCs also record how quickly each concern was resolved. A concern is considered resolved from the regional health authorities' perspective when the QCC, either orally or in writing, provides a response regarding the issue raised. The majority of the 1,684 concerns received in 2002-03 were concluded in a timely manner. Reasons for cases taking longer to resolve may include delays when referring a question or issue to a health care professional for more information, and/or repeated consultations with the family.

***OBJECTIVE 2** - Appropriate governance, accountability and management for the health sector*

Strong leadership and effective planning in health care must be consistent across the Province. The creation of 12 regional health authorities, governed by appointed boards, improved the planning process for health care delivery. Regional health authorities are also provided financial planning ranges at the onset of the fiscal year to help in their planning.

Key Actions for 2004-05

- Continue development and implementation of accountability framework for regional health authorities including the further development of the Accountability Document ensuring better alignment of expectations and measures with priority areas in 2004-05, appropriate data collection and reporting and ensuring a strong feedback loop.
- Revise and improve the information management framework for Saskatchewan Health and the health sector including evaluation and improvement of security and information management practices; development and implementation of a comprehensive privacy framework for Saskatchewan Health and regional health authorities based on *The Health Information Protection Act*; and working with regional health authorities and others to implement a provincial information technology plan for the health sector.

What are we measuring?

Percentage of regional health authority operational plans meeting standards

Where are we starting from?

Under development

Saskatchewan Health will review regional health authority plans to determine the following:

- the plans include financial, capital, information management, human resources and primary health services components
- planned staffing levels are sustainable and comply with known staffing standards and program requirements

OBJECTIVE 3 - *Sustain publicly funded and publicly administered Medicare*

Health care costs are rapidly rising. Technological advances add quality and years to people's lives, but they are expensive. Saskatchewan Health will strive to make the best possible use of our health providers and our resources, through prudent management and innovative service delivery.

Key Actions for 2004-05

- Continue to work with partners in the health sector to implement cost-effective approaches to health care.
- Work with federal government and other provinces/territories to ensure adequate funding of Medicare.
- Review and as necessary revise the funding allocation process for regional health authorities.

What are we measuring?

Public sector health expenditure as a proportion of total health expenditure (long-term measure)

Where are we starting from?

Public sector expenditure as a proportion of total health expenditure*:
Saskatchewan: 76.6%
National Average: 70.7%
[2002; latest data available]

* *Canadian Institute of Health Information*

This is the share of total health expenditures (public and private) covered by the public sector. Public sector includes health care spending by provincial and municipal governments, direct health care spending by the federal government for Aboriginal people, the Armed Forces and veterans, and workers' compensation boards.

Where to Obtain Additional Information

If you would like to obtain further information about our plan or our programs and services, ask questions or provide comments on this plan, please contact:

Saskatchewan Health
Policy and Planning Branch
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Phone: (306) 787-3162
Fax: (306) 787-2974

Comments on the 2004-05 Performance Plan can also be directed to the Webmaster: webmaster@health.gov.sk.ca

Detailed information about Saskatchewan Health's programs and services is available on the website: www.health.gov.sk.ca